

## LOCAL AGENCY DATA SECURITY STAFF

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Please Print

	LOCAL AGENCY NAME:			
1		SECURITY OFFICER	BACKUP SECURITY OFFICER	FUNCTIONAL AGENCY SECURITY LIAISON (FASL)
2	Full Name (include middle initial)			
3	Job Title			
4	Employing Agency			
5	Work Address			
6	Telephone Number, FAX Number and Email Address			
7	Work Days			
8	Work Hours			

I have read the client confidentiality regulations covered by State policy and Federal/State Statutes and understand their relationships to authorizing access to client information and will ensure such confidentiality.

Security Officer Signature	Backup Security Officer Signature	FASL Security Officer Signature
Date Signed	Date Signed	Date Signed

Local Agency Director Name	Local Agency Director Signature	Date Signed
----------------------------	---------------------------------	-------------